

CHALLENGES IN HIV PREVENTION



Today we know more about HIV and how to prevent infection than at any other time in the history of this disease – but significant challenges remain.

Each year in the United States, approximately 50,000 people become infected with HIV, and more than 13,000 people with AIDS die annually.^{1,2} This fact sheet highlights key obstacles we must overcome to bring an end to AIDS in America.

Too Few People with HIV Are Aware of Their Infection

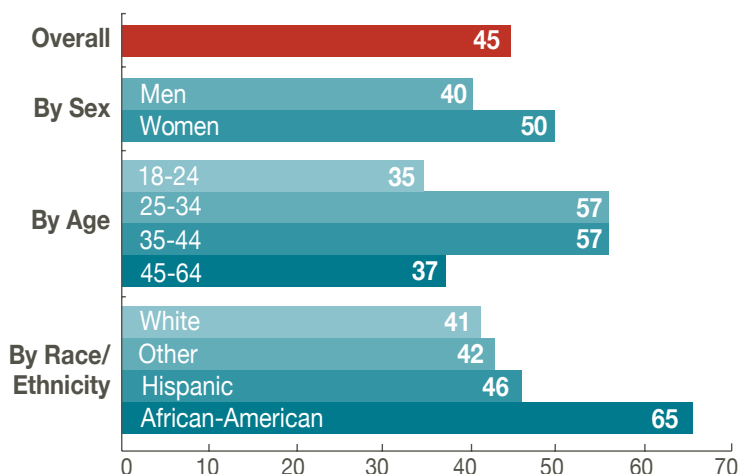
CDC estimates that of the 1.2 million people living with HIV in the United States, nearly one in seven (more than 168,000 individuals) do not know they are infected.³ Because many new infections are transmitted by people who do not know they are infected, undiagnosed infection remains a significant factor fueling the HIV epidemic.⁴

HIV testing has never been quicker or easier than it is today, and more people have been tested than ever before. But fear and misperceptions can still keep people from finding out their HIV status:

- Many people, even those who engage in high-risk behavior, do not get tested because they do not believe they are at risk for HIV.⁵⁻⁹
- Others misunderstand the testing process, not realizing that rapid HIV tests can be done with a simple cheek swab or finger prick and provide results in as little as 20 minutes.^{8,9}
- Some are concerned that other people will find out that they have tested positive (or that they sought testing at all), although testing is completely confidential.⁵⁻⁹
- Some may avoid testing simply because they are afraid their test will be positive.⁵⁻⁹

Today, more than half of American adults have not yet been tested.¹⁰

Percentage of People Who Have Ever Been Tested, Overall and by Population, 2010



Prevention Challenges

- Too few people with HIV are aware of their infection
- Many people with HIV do not receive ongoing treatment
- Diverse populations require tailored prevention approaches
- Disparities in HIV rates are fueled by social and economic inequities
- Limited resources for HIV prevention force difficult choices
- Many Americans have become complacent about HIV

Many People with HIV Do Not Receive Ongoing Treatment

Ensuring that people living with HIV receive ongoing care and treatment is one of the most effective ways to protect their health and prevent the further spread of HIV. Treating people with HIV lowers the amount of virus in their body and can dramatically reduce their risk of transmitting HIV to others.¹¹ Of those living with HIV, just 40 percent receive regular medical care, and only 30 percent are successfully keeping their virus under control through treatment.⁴

Just **30%** of people with HIV are successfully keeping their virus under control through treatment; **70%** are not



Diverse Populations Require Tailored Prevention Approaches

Prevention programs need to take into account more diverse populations than ever before, including gay and bisexual men of all races and ethnicities – particularly those who are young; African American men and women; and Latinos and Latinas.

With more people than ever before living with HIV, it has also become increasingly important to provide prevention programs tailored to the needs of HIV-positive individuals and their partners, as well as for those who are HIV-negative and at high risk for infection.

Disparities in HIV Rates Are Fueled by Social and Economic Inequities

A wide range of complex social and economic factors drive the HIV epidemic and place African Americans and Latinos at greater risk for this disease. Many of the contextual factors that increase risk for other diseases (such as heart disease and diabetes) also fuel the spread of HIV within these communities:

- **Poor access to health care:** Having health insurance can enable a person to more easily access HIV care and treatment – but nearly 20 percent of African Americans and 30 percent of Latinos lack consistent health insurance, compared with 11 percent of whites.¹²
- **Low socioeconomic status:** CDC research shows that those who cannot afford the basics in life may end up in circumstances that increase their HIV risk.¹³ Census data indicate that in the United States poverty is not evenly distributed – nearly a quarter of African American and Latino families live in poverty (compared to 10 percent of white families).¹⁴
- **High community rates of HIV:** Because the burden of HIV is greater in some communities, African Americans and Latinos face an increased risk of being exposed to HIV infection with each sexual encounter. Therefore, even with similar levels of individual risk behaviors, people in these communities face a higher risk of infection than those in other communities.

Key References

- ¹ CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report* 2012;17(No. 4). <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental>. Published December 2012.
- ² CDC. *HIV Surveillance Report*, 2012; vol. 24. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published November 2014. (Accessed November 11, 2014)
- ³ CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data – United States and 6 U.S. dependent areas – 2012. *HIV Surveillance Supplemental Report* 2014;19(No. 3). Available at: <http://www.cdc.gov/hiv/library/reports>. Published November 2014. (Accessed November 25, 2014)
- ⁴ Hall HI, Holtgrave DR, and Mautsby C. HIV transmission rates from persons living with HIV who are aware and unaware of their infection. *AIDS* 2012;26(7):893–96.
- ⁵ MacKellar, DA, Hou S, Whalen CC, et al. Reasons for not HIV testing, testing intentions, and potential use of an over-the-counter rapid HIV test in an internet sample of men who have sex with men who have never tested for HIV. *Sex Transm Dis* 2011;38(5):419–28.
- ⁶ Joseph HA, Fasula AM, Morgan RL, et al. “The anticipation alone could kill you”: Past and potential clients’ perspectives on HIV testing in non-health care settings. *AIDS Educ Prev* 2011;23(6):577–94.
- ⁷ Schwarcz S, Richards TA, Frank H, et al. Identifying barriers to HIV testing: personal and contextual factors associated with late HIV testing. *AIDS Care* 2011;23(7):892–900.
- ⁸ CDC. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men – five U.S. cities, June 2004–April 2005. *MMWR* 2005;54(24):597–601.

While each individual has a personal responsibility to protect his or her own health, as a nation we have a shared responsibility to tackle the root causes of these disparities. (See “Today’s HIV Epidemic” fact sheet for more information.)

Limited Resources for HIV Prevention Force Difficult Choices

Today, the need to do more with existing resources is greater than ever. The global economic crisis has led to major reductions in HIV prevention resources at the state and local levels, and federal financing is severely constrained.

The United States has been and will increasingly be required to make difficult choices to ensure that available funds are having the greatest impact on reducing new HIV infections. To achieve a higher level of impact with every federal prevention dollar, CDC is pursuing a new approach called High-Impact Prevention, which works to match cost-effective, scalable interventions to heavily affected populations and geographic settings to maximize reductions in HIV incidence.

Many Americans Have Become Complacent about HIV

Too many Americans no longer view HIV as a serious concern. A recent survey by the Kaiser Family Foundation found that the percentage of Americans who rank HIV as a major health problem is substantially lower than it was a decade ago.¹⁵ Even more troubling are studies showing that among some of the populations with the highest rates of infection (including gay and bisexual men and African Americans), many individuals do not recognize their risk or believe HIV is no longer a serious health threat.^{15,16}

Each new generation needs to be reminded of the still-serious nature of HIV and the importance of prevention. Three decades after CDC reported the first cases of AIDS, the sense of national crisis may have waned – but our resolve cannot.

⁹ CDC. Risk, prevention, and testing behaviors related to HIV and hepatitis infections – National HIV Behavioral Surveillance System: injecting drug users, May 2005–February 2006. *HIV Special Surveillance Report* 7. Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published June 2011. (Accessed June 25, 2012)

¹⁰ CDC. *HIV Testing Trends in the United States, 2000–2011*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; January 2013. Available at: http://www.cdc.gov/hiv/topics/testing/resources/reports/pdf/Testing%20Trends_cleared_01282013.pdf (Accessed April 1, 2013)

¹¹ Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *The HPTN 052 Study Team. N Engl J Med* 2011. DOI:10.1056/nejmoa1105243.

¹² DeNavas-Walt, C, Proctor, BD, Smith, JC. U.S. Census Bureau, Current Population Reports. P60-243, *Income, Poverty and Health Insurance Coverage in the United States: 2011*, U.S. Government Printing Office, Washington, DC, 2012.

¹³ CDC. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence – 24 cities, United States, 2006–2007. *MMWR* 2011;60(31):1045–49.

¹⁴ U.S. Census Bureau. Current Population Reports, P60-239, *Income, Poverty, and Health Insurance Coverage in the United States: 2010*. Available at: <http://www.census.gov/prod/2011pubs/p60-239.pdf>. Published September 2011. (Accessed June 25, 2012)

¹⁵ Kaiser Family Foundation. *HIV/AIDS at 30: A Public Opinion Perspective*. Available at: <http://www.kff.org/kaiserpolls/8186.cfm>. Published June 2011. (Accessed June 25, 2012)

¹⁶ MacKellar DA, Valleroy LA, Secura GM, et al. Perceptions of lifetime risk and actual risk for acquiring HIV among young men who have sex with men. *AIDS Behav* 2007 Mar;11(2):263–70.